

Wilbur (H. B.)

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# BUILDINGS FOR THE INSANE.

## A REPORT

READ AT THE

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✓  
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# BUILDINGS FOR THE MANAGEMENT AND TREATMENT OF THE INSANE.

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Lest I shall seem to transcend the proper limits of my topic, I may say, at the outset, that any general policy that prevails in the management of the insane should determine the character of the buildings erected for their use; and, in turn, the form, etc., of the buildings occupied will more or less affect the mode or modes of management of their inmates. Here, as in the natural world, there are reciprocal relations between structure and function, and the nature of some of these relations will perhaps appear as we follow the discussion.

It is safe to estimate the number of the insane in the United States, at the present time, as at least 45,000. Of these, 80 per cent., or 36,000, are supported at the public charge. Of the whole number, probably 95 per cent. are housed and cared for in buildings either provided by a tax upon the community at large or by charitable endowment.

The present cost of these structures is at least \$35,000,000, of which sum about \$15,000,000 has been expended during the last ten years.

The number of the insane seems to be an increasing one, relative to the general increase of the population. Certainly, the number of the insane seeking relief at the public charge is an increasing one, far beyond the natural growth of the population.

It follows, therefore, that the question, how the insane shall be housed, what manner of buildings shall be provided for them, is an important one for social economists to consider.

If the question were absolutely a new one to-day, — or, if such a supposition were possible, — if there had been no such

thing as insanity in the country, and 45,000 insane persons, of every age and social condition, had appeared in our midst, or been landed on our shores and distributed through the several States,—with what appalling force would it present itself! But the cost of maintenance is an annually recurring and serious burden upon the resources of every State; and to the extent, that the provision for the accommodation of the insane is numerically, or in point of fitness, inadequate, to that extent, the question, if not an appalling one, is at least one of no small import.

There was a time, within the memory of men of middle age, when provision for the care of the insane was so insignificant as to be accounted as nothing. Thus, in 1830, there were but seven or eight small asylums, accommodating in the aggregate perhaps a thousand or twelve hundred patients. The lot of these, in happy contrast to that of the large remainder of the class in poorhouses and in jails, awakened a deep public interest in the amelioration of the condition of the whole class, and thus laid the foundation for a large share of the present public provision for the wants of the insane.\* The extent of this pro-

\* A similar awakening of interest in behalf of the insane occurred at about the same period in Great Britain. There a general law was passed, looking to the amelioration of the condition of the whole class. From that day to this, the method of their management and treatment has been one of constant improvement. As has been remarked on another occasion, "the law was complete and admirable in its manifold clauses; but the real source of its regenerative power lay in the provision made for an intelligent and painstaking governmental supervision over all the insane, wherever situated, or of whatever social condition."

In this country, on the contrary, while legal measures were adopted, in most of the States, to the same end, the carrying out of the proposed schemes was left, in the main, to a single class; namely, the officers of asylums or hospitals established. As a result, the whole subject, as a public measure, came ultimately to be looked at from a class standpoint. The legislation that has followed has been influenced by the same causes. Local circumstance, accident, and too often individual prejudice, has determined matters that should have been decided only on the basis of comprehensive and thoughtful views of the whole field of philanthropic effort. As a result, instead of steady improvement of the condition of the insane, wherever found, the movement has been spasmodic, irregular, and partial. In fact, in some respects, and in some localities, a retrograde one. The grossest inequality now exists in the circumstances of the insane, as a class. The supply of suitable institutions for their relief falls far short of the demand, and with small prospect of overtaking it, unless a more comprehensive policy shall be adopted. Even in institutions supposed to be models, the ratio of recoveries is a diminishing one.

But the seeds of reform have lately been sown, in some of the States, by the

vision may be seen in the fact already stated, that during the last ten years, namely, from 1866 to 1877, about \$15,000,000 have been expended in the erection of new structures, or the enlargement of old ones, for the accommodation of less than 10,000 patients.

During this period, the increase in the number of the insane, owing to the growth of the population, has been nearly equal to the accommodations furnished. So that, with this great expenditure of public money for the purpose named, the supply has scarcely gained much upon the urgent demand of ten years ago. Now, as then, many recent cases are vainly seeking for admission at the doors of our insane hospitals in the hope of cure. Now, as then, multitudes of the chronic and incurable class are languishing and suffering in quarters, and with surroundings and treatment, that are a disgrace to our civilization.

How, then, shall their needs be met, with due regard on the one hand to their best interests, and on the other to society and the State?

It may be assumed that about 20 per cent. of the number are in such a pecuniary condition as to be able to take care of themselves, or, in other words, to avail themselves of the advantages of corporate or private asylums, receiving pay-cases, where such exist.

These may be left out of consideration, for experience in other countries shows that the supply of well-ordered private asylums will prove equal to the demand for their existence.

The question for us is narrowed to the consideration of a proper and adequate provision, in the way of hospitals and asylums, for all the insane, below the point of affluence. I use the last term advisedly, from the fact that insanity, especially when occurring in the case of the head of the family, has a tendency, even with the well-to-do, to bring them to a condition of indigence, or even poverty.

I have spoken of the difference of social condition in the insane. There are other points of difference; namely, of physical and mental condition.

There may be maniacal excitement, either continuous or peri-

establishment of "Boards of State Charities," whose functions, in regard to the insane, are not unlike those of foreign Boards of Lunacy.

odical. There may be melancholia. There may be a mild form of insanity marked by harmless delusions. And, finally, there may be dementia, or loss of mental power, more or less determined. It will be readily comprehended, that the degree of excitement or depression, the nature of the delusions, or the extent of the impairment of the mental faculties, as well as the hope of cure or betterment,—all these may more or less affect the mode of management, and, as a consequence, the form and arrangement of buildings in which such management is conducted.

Taking the whole number of the insane, some writers estimate the proportion of curable cases as not exceeding ten per cent. At all events it is a small one.

In view of these circumstances, two opinions have prevailed as to the proper method of caring for the class generally. The one to establish hospitals for the care and treatment of recent and curable cases, remanding the remainder and larger portion to institutions simply of a custodial character. On the face of it, this would seem to be the natural course of proceeding, and it has high authority in its favor; namely, the opinions of some eminent alienists, European and American.

The grounds upon which the separation has been advocated are twofold. One class of experts affirm that it is the best for both classes of the insane to have each in institutions specially adapted to their needs. Thus, Griesinger, the learned German alienist, in narrating the history of the movement in behalf of the insane in his country, says, "From the commencement of the reforms, the conviction gained root, especially in Germany, that the first condition of success in treatment was the separation of the curable from the incurable insane." And then, as the result of this management for a period of years, he adds, "There was every reason to be satisfied with the general result of the system," etc., etc.

Another German superintendent adduces as arguments against the union of the institution for cure with that for mere guardianship, —

"The want of efficient superintendence, and of treatment of individual cases, where there are so many patients under the care of one physician; the overloading of the medical superintendents with a



mass of official business of no service to the patients; the great confusion which must result from a system so complicated and requiring so many assistants; the danger of the physician's neglecting the incurables, owing to the greater attraction offered by the curable cases, they being so much richer in results; finally, the evil influence which the sight of so many lost and hopeless lunatics — nay, even the very knowledge of the proximity of so many who are incurable — has upon the recently admitted cases."

Another class of experts, without fully indorsing the opinions just quoted, advocate the separation, as the only practicable means of bringing to all the insane the relief they need.

A leading London medical journal, the "*Lancet*," some two years since, appointed a commissioner to visit and report upon some of the English asylums for the insane. Among his conclusions, I find the following, related to this very point; namely, how to meet to the fullest extent the wants of all the insane:—

"Viewed from an economic standpoint, the problem resolves itself into an inquiry how best to secure four objects essential to the result, and interdependent,—

"*First.* The existence of a highly curative establishment, replete with every convenience, furnished with all necessary or desirable appliances, and so organized as to afford the greatest facility for the prompt, rapid, and effectual treatment of insanity in its various forms and under divers conflicting conditions.

"*Second.* That every case of mental disease falling under the control of the public authority, and chargeable to the rates, shall be placed at the earliest moment — without being delayed or intercepted by any other machinery — in the institution already described.

"*Third.* That no case proving incurable, or passing into a condition which renders active treatment hopeless or unnecessary, shall be allowed to occupy space or waste power in the curative establishment.

"*Fourth.* That the asylum, or hospital, in which cures are to be effected, shall be able to accommodate the whole of the recent, or curable, cases in the district it is designed to protect."

The other method is to treat, in the same institution, all the insane, recent and chronic, of every shade and phase of the disease.

In this country, practically, both methods have been adopted.

Thus, many of the State asylums, owing to the pressure for the admission of recent cases, have been obliged to dismiss the chronic cases, in most instances to be cared for in the insane wards of county poorhouses.

On the other hand, the incorporated and private asylums, as well as the asylums supported by some of our large cities, have continued to retain the accumulating chronic cases, besides receiving the recent cases applying for admission.

In a few States, asylums or receptacles for the chronic insane have been established, to obviate the necessity of sending patients, discharged from State hospitals as incurable, to the county poorhouses.

It should be borne in mind, at this point, that two considerations prevail in inducing society to provide structures for the care and cure of the insane. The first is a selfish one; namely, for protection against the risks attendant upon having dangerous lunatics at large, and, also, to cure the lunatic, if the cure is possible, and by so doing restore him, or her, as a producing element of the social organization, instead of leaving them a life-long burden for the State to support.

The second consideration is a humanitarian one; that is, to secure the welfare and comfort of those afflicted with the disease,—chronic or incurable insane,—and who are thereby unable to take proper care of themselves. In the one case, security and all the means and appliances to induce recovery will be the aim. In the other, the means and influences that will promote the humanitarian ends in view. Again, it may be said, that in the former case, there should be no limitations to the extent and perfection of the rational means adopted, short of the accomplishment of the result sought. And as to the second, it may likewise be added, that there are limitations as to the extent of the provisions for the purposes named. Thus, while it may be admitted in general terms that society owes it to the insane to minister suitably to them in their afflicted or dependent condition, in the manner indicated, public sympathy, however generous, discriminates, to a degree, in the mode in which it shall fulfil the obligation; depending upon a variety of circumstances, a few of which may be mentioned. Thus, the wealth or pecuniary ability of the State; the weight of other and analogous obligations; the special needs of different classes that make up



the total number ; and, finally, to some extent, the circumstances that may have led to the occurrence of the disease.

We may now approach the practical question that lies before us.

First, then, for a limited number of the insane, we need buildings wherein dangerous lunatics — dangerous to themselves or others, whether from continuous or periodical conditions of maniacal excitement — may be positively restrained, to the necessary degree, and for the period when such excitement exists or is apprehended. When I say restraint, I do not necessarily mean strict confinement, — high walls, grated windows, or other prison-like surroundings, or, in short, mechanical appliances of any kind. These may be needed. But it is ever to be borne in mind that it is not indispensable that this restraint shall be always and only physical. The ends are security and safety and restoration, and where both physical and moral means are employed to meet these, the more the moral predominate, the better for all interested.

I do not propose under this, or any other head, to go into detail in regard to the sanitary or other features of such buildings. I take it for granted that all the specific needs of the several classes will be fairly considered in planning the structures built to meet those needs. That is to say, it may be assumed that the general policy of management held by those who control the erection of such buildings will determine their plan and character. There follows another general consideration, not out of place here, and one that has already been suggested, that the buildings provided or occupied for such a purpose will necessarily, to some extent, modify the policy of management of those who occupy them. It is therefore the part of wisdom, while such policy is still undetermined, or the detail of methods at all in doubt, not to build too expensive or durable structures. In many of the British asylums, and in some of our own, there has been the necessity of costly alterations from time to time, not from the natural wear and decay, but from changes in the methods of management.

But to return to the description of buildings : another need is an infirmary building, or at least wards resembling those of an ordinary hospital, where a certain class of patients may receive medical treatment. The statistics of our insane asylums show that but comparatively few of the inmates are sick

and needing active medical treatment. For the majority of the patients, the function of the medical officer, even, is to look after their general health; meet by appropriate remedies the indications of organic disease or functional disturbance, in whatever organs may have been the prime cause or seat of the mental disease; direct in all matters of diet and regimen; and finally, prescribe the amount and kind of occupation or amusement. There is further need of a building or groups of buildings, where harmless or demented cases may receive the care and oversight that the peculiar condition of each requires. Also, a separate building or buildings for convalescent patients, within or without the grounds of an asylum, is very desirable, where those who have passed the active stage of their disease may pass a sort of probationary period, that occurs between insanity and complete restoration. To these, in some British asylums, is now added a seaside resort, where convalescents may go, or even patients still uncured, as a change from the monotony of ordinary asylum life.

I have left for the last the mention of the workshops, the indispensable accompaniment of every asylum. These, commodious and cheerful, but inexpensive, should be of convenient access from all the other buildings, except, perhaps, the infirmary. The laundry and sewing-rooms should be equally accessible from the female wards. This affords opportunity for a definite amount of work in definite periods of each day, which leaves on the patients' minds the impression that they are accomplishing something. It is a very different thing from desultory and dawdling work, or pretence of work, done in the wards.

In the American asylum of the future, occupation will certainly be a prominent feature of the moral treatment; for European experience, of the last twenty years, will not be lost upon us. The degree of occupation of the patients, and the consequent absence of excitement, is regarded by the British Board of Lunacy as one of the best tests of the excellence of management in the several institutions under their supervision. The superintendents of their asylums accept this, and vie with each other in their efforts to show the greatest percentage of patients employed; not for the economic results, but for its tranquillizing and curative effects.

Chronic insanity is usually the result of structural changes in the nervous tissue, and these in turn often come from long-continued periods of maniacal excitement, aggravated by restraining apparatus, or merely smothered by drugging with narcotics. The system of drugging patients heavily, to secure sleep and quiet, once common in British asylums, — and as I may say, now too common in American institutions, — has there been abandoned for the preferable mode, through abundant exercise, suitable occupations, and occasional changes from one ward or one building to another. The good effect of this last will depend upon the fact that the several wards and buildings differ in form, in type, and in general arrangements.

It is this which has led me to commend a series of small buildings, rather than a single large one. As I have said before, all these needs in the way of buildings may be met under one or in separate organizations.

Next, as to the character of the buildings in point of cost. This should be as moderate as possible, consistent with fitness for the purpose, for several reasons. *First.* Because of the limitations of social obligation already referred to. *Second.* Because expensive structures involve an expensive annual repair account, and so-called modern improvements in dwellings involve a greater annual cost of living. *Third.* Because of the large number of the insane, in any State, to be provided for at the public expense; nearly one to every six hundred of the population. Two minor or contributory considerations may be mentioned. The insane are but one of the dependent classes, alike demanding public aid. Undue cost of buildings for the one robs the other of their needed accommodation. Again, growing out of the large number to be cared for, prompt aid for all is only practicable by providing in the most economical way for any. This is not commending inadequate accommodations for the cure and care of the insane; for it is true economy to provide all essential conditions in the way of structures and appliances to these ends. The real point to be insisted on, is, that these shall be the test of fitness of structure, and not some assumed standard, based upon what is becoming in point of style or architectural adornment, in an institution erected by a populous or wealthy State; or what will subserve the pride of building commissioners and officials, or a too studious reference

to the comfort and convenience of officers and employés. The very conditions necessitated in the construction of asylums for the insane, extension on the ground, abundance of light and air, etc., etc., skilfully handled, will afford a beauty of outline that is the most effective feature in all large buildings. It should never be forgotten that the buildings, and all their surroundings, are designed and furnished for the patients. The study and thought brought to bear upon their planning and execution is to be directed to the patients' needs. For them primarily, and not for the public or the officers, are all the special arrangements, internal and external,—the comfortable and convenient quarters, the various appliances, the sanitary provisions, the cheerful aspect, the fine views, and the ornamental grounds.

In Great Britain, many of the asylums for the insane, of recent construction, are fair illustrations of what may be done at a moderate cost in this direction. Two-storied buildings, with home-like arrangements, as far as such are admissible. The lower story for day occupation, with large, airy, and cheerful rooms, opening directly out into the grounds for exercise, and of convenient access to the various workshops, the chapel, and the general dining-halls. The upper story for sleeping apartments, either single or associated. The whole surrounded by a wall, sunken or concealed by foliage. The appearance of confinement is everywhere avoided, and grated windows and spring-locks are either absent or only used in what are called the refractory wards.

What is called the "system of non-restraint," in its broadest sense, means not only the disuse of mechanical appliances, the muffs and camisoles, etc., in the treatment of the insane, but the absence of all prison-like arrangements of structure, and the substitution for both of a constant and never-tiring personal supervision of the patients.

One who has lately made a careful study and observation of the policy of management of the insane in England, has thoughtfully remarked, "Frankly, I do not believe in minimizing the pains and trouble required of those in personal charge of the insane. By multiplying the mechanical appliances and regulations devised to lessen the dependence on personal care, the sense of responsibility is diminished. The attendant knows that his superiors trust to these measures of safety, and it is



only natural, that instead of taxing his own watchfulness to the utmost, he should seek to avoid trouble by relying upon the effort to compensate his scanty performance of duty. For example, the circumstance that a window is barred will be held to obviate the need of personal precaution against accident or attempt to escape."

I could hardly hope that this brief statement of some of the principles that should control in the erection of buildings for the accommodation of the insane, will make the impression that I desire to make upon this audience. Let me, then, resort to another method. The older authors of grammatical text-books, after laying down the principles and rules for the correct and proper use of the language, and giving illustrations of the same, were accustomed to add examples of a different nature, to be corrected and avoided, thus clinching the direct application of the principle or rule.

Have there been any errors of construction, in plan or erection, in the attempt to provide accommodations for the insane, that may serve as warnings to all interested in such undertakings? It is not a very gracious task to give to this the only practical answer that can be given; but it is a lesson much needed.

In Europe, as in this country, the proper management of the insane, is, to-day, much embarrassed by the policy that guided, and the plans of building that were adopted, in many instances, not thirty years ago. The schemes proposed by those who thought themselves competent to decide, have, in many instances, been narrow and impracticable. The existing policies have been drifted into. They were mere make-shifts for present emergencies. The structures planned for their use have often been ill-considered and unfitting.

And here, as with many other subjects of which social science takes cognizance,—in view of the difficulties of working reform, in the face of old abuses, whether intrenched in tradition or brick and mortar,—one almost wishes, that, in social matters, as in the natural world, there might come periods of catastrophic change. The slow measure of any gradual improvement seems utterly hopeless and inadequate.

In the year 1844, or not many years after the establishment of insane asylums in this country, an association was formed of the superintendents of such institutions. Among the objects of

that association, was, "to secure for the future a higher standard for hospitals, and a more liberal and enlightened treatment for all classes who are suffering from mental disorders." From time to time this association has passed resolutions embodying its views upon a variety of topics. I give the substance of these utterances, so far as it concerns the subject before us.

*First.* "Every State should make ample and suitable provisions for all its insane." *Second.* "That neither humanity, economy, nor expediency can make it desirable that the care of the recent and chronic insane should be in separate institutions." *Third.* "No hospital for the insane should be built except in accordance with the views of the association." Among the requirements under this head, are, "that the plan of such structures should always be submitted to, and approved by, some member of the association."

"That each hospital of two hundred patients should have at least sixteen distinct wards, each of which is a complete residence in itself, for day and night use, and with every necessary convenience for care and living."

*Fourth.* On the subject of the proper number of inmates for any hospital, their utterances have been a little uncertain. Thus, in 1851, the members were unanimous in the conviction that the number should not exceed two hundred and fifty, and two hundred was a preferable maximum. Fifteen years later, a majority of the association resolved that such institutions might be enlarged to accommodate six hundred patients. As individual members are now lending their sanction to asylums of still greater capacity, one may safely predict that at the proper time the proper action will be taken, indorsing a still higher maximum.

*Fifth.* "That none of the insane should be allowed to remain in county poorhouses; for no expense that is required to provide just as many State hospitals as may be necessary to give the most enlightened care to all the insane, can be properly regarded as either unwise, inexpedient, or beyond the means of any one of the United States or British Provinces."

*Sixth.* The association, on all occasions, has set its face against what is commonly called the cottage system of housing the insane.

*Seventh.* The association also, by implication, discourages the establishment of private insane asylums.



*Eighth.* While the association insists upon a particular mode of heating and ventilation as the only mode, one looks in vain in their proceedings for any suggestion that workshops for patients might ever be needed.

As might be expected, the opinion of this body has had great weight with legislative bodies, especially in the older States. The more, as they have managed, with some adroitness, to secure the carrying out of one of their resolutions, passed in 1853, which specifies, among the desirable qualities in the members of the board of trustees of such asylums, that they should be "distinguished for liberality, intelligence, and active benevolence *above all political influence.*" In most instances, the plans of building adopted have been prepared under the advice of some member of the association, especially during the last ten years. I give a list of the asylums thus constructed during that period.

Bear in mind, that it is proposed, by the American Association of Superintendents, to provide for all the insane, curable and incurable, in institutions of which these are the type. That they are designed and built for the accommodation of patients, for the most part, supported at the public expense; as a rule, chronic, indigent, and pauper cases.

	INSTITUTION.	Number of Patients.	Cost.
1	Worcester, Mass., . . .	450	\$1,250,000 00
2	Danvers, Mass., . . .	450	1,600,000 00
3	Middletown, Conn., . . .	450	600,000 00
4	Hudson River Hospital, N. Y.,	600	2,000,000 00
5	Buffalo, N. Y., . . .	500	1,800,000 00
6	Homœopathic, N. Y., . . .	300	900,000 00
7	Morristown, N. J., . . .	800	2,500,000 00
8	Danville, Penn., . . .	500	1,000,000 00
9	Maryland, . . .	300	803,000 00
10	Kentucky, . . .	375	162,000 00
11	Columbus, O., . . .	900	1,800,000 00
12	Athens, O., . . .	600	950,000 00
13	Kalamazoo, Mich., . . .	580	653,000 00
14	Ana, Illinois, . . .	450	534,000 00
15	Oshkosh, Wis., . . .	500	552,000 00
16	Iowa, . . .	300	600,000 00
17	Minnesota, . . .	500	480,000 00

	INSTITUTION.	Number of Patients.	Cost.
18	Missouri, . . . .	250	\$209,000 00
19	Nebraska, . . . .	80	113,000 00
20	California, . . . .	900	1,000,000 00
		9,785	\$19,506,000 00

It will be noticed, in examining the table, that the greatest extravagance has been shown in the Eastern and older States. Thus, eleven institutions so situated have been completed, or are in process of construction, at a cost of about \$15,000,000. These will accommodate a little less than 6,000 patients; or at an average cost of more than \$2,600 each. This estimate, as a rule, does not include the cost of land and furniture.

To appreciate the stupendous folly of such expenditure of the public money, it may be mentioned that the cost of the ten most expensive hotels in America would probably not exceed \$1,500 a guest. And, furthermore, that in a legislative investigation, in regard to the expenditure of public money, in the case of one of these asylums, superintendents of insane asylums, experts, testified, "that buildings at a cost of a thousand dollars a patient, *with no expense for mere architectural display, would still afford all that is essential or really desirable for the treatment of the insane.*" "*That not a patient would be cured at one of these expensive hospitals, that could not be cured at those built at the smaller cost named.*"

Dr. Wilkins, a commissioner appointed by the State of California, after visiting all the leading institutions of this country and Europe, thus speaks, in his report to the Legislature of that State, of the Willard Asylum for chronic insane, in the State of New York, which cost less than \$1,000 a patient. After mentioning its splendid location, beautiful and picturesque surroundings, and excellent arrangements, he adds, "We failed to discover even the shadow of a reason why a person, becoming insane in the neighborhood of this beautiful asylum, should be sent to Utica because he was considered curable."

If the opinion of these experts is of any value, some nine millions of dollars have been and are being worse than wasted

in the construction of the eleven asylums referred to in this table.

I say worse than wasted, because the actual effect of this extravagant outlay for a comparatively small number is to rob a still larger number of what they would otherwise receive at the public hand. For, during the period named, it will be observed that the supply of accommodations furnished by these large outlays but moderately exceeds the increase in the number of the insane, growing out of the natural increase of the population. To-day, as ten years ago, the needs of the recent insane for hospital accommodations are still pressing; the wants of the chronic insane for decent shelter and care are equally urgent. Dr. Ranney, the superintendent of an Iowa asylum, reports, in that State, two hospitals, with a capacity suitable for only 550, crowded with 865 patients, and three or four hundred still uncared for properly. But observe the language of his report:—

“Like some other States, Iowa has provided for the building of a very expensive hospital,—unnecessarily expensive in my opinion,—now about half completed, which will cost about \$1,000,000, or about \$2,000 per patient.

“I apprehend that this great outlay will have the effect, as similar outlay elsewhere has had, in the opinion of some, to prevent adequate provision being made of a cheaper but in every way suitable character. It has long seemed to me very inconsistent to provide so expensively for one-half of the insane, and doom the other half, equally deserving, to poorhouses or receptacles, that, at the best, are no better than they should be, or to severe struggles with want and privation in the hands of their friends. I have yet to see reason to believe that a hospital costing \$2,000 per head will be more conducive to the recovery of patients from insanity than one costing only \$1,000, or even less.”

Dr. Andrew McFarland of Illinois, an alienist of large experience, says:—

“The history of the relation of the State to the insane here is soon told, and, probably, has its counterpart in most other States. In 1847, Miss D. L. Dix, after extensive exploration, drew a most appalling picture of the condition of the insane in the State, which she embodied in a memorial to the Legislature. The establishment of a State hospital followed, which was opened in 1851. But it filled up

at once, with no perceptible relief to the accumulating mass. The State was slow in proceeding further, and soon the picture of 1847 might have been drawn in even darker colors. By 1867, the accommodations were doubled, *and still no relief*. We now have three State hospitals, first-class in size, with a county asylum near Chicago, equal in capacity; yet, with all this, we *get no apparent relief*. It is not surprising that intelligent legislators ask, 'How long is this to go on, and are you sure your lead is in the right direction?'"

And Dr. A. Reynolds, of the State asylum at Independence, Iowa, adds:—

"No State west of the Alleghanies has adequate hospital capacity for her insane. Until hospitals are built at a less cost *per capita* than \$1,000, it is useless to talk of providing for all the insane of the State."

In Pennsylvania, in the rural districts, many of the insane are still grossly neglected. In fact, it has been stated, in a late report of the Board of Charities of that State, "that there are now twice as many of the insane poor languishing in the dens and dungeons of the poorhouses and prisons, than there were thirty years ago. So, also, the insane poor of the city of Philadelphia, some 1,200 in number, are accommodated in a building designed for 600; and 65 excited patients were found confined in a ward designed for 19. In a report made by a member of the association, this whole establishment is called "a wretched and disgraceful receptacle for the insane."

In Connecticut, a committee of the last Legislature found, at a place called Tariffville, ten who were either insane or imbecile, in such a plight as to excite their indignant comment, "That right here, in this Christian Commonwealth, are men and women kept day after day, by the authority of the State, in a condition which should shame a savage or tingle the cheek of an infidel. At the New Haven almshouse there were 54 of the insane. A few of these were lying upon loose hay, were without much clothing, and were in a very filthy condition." This committee impute the lack of present accommodation to the lavish expenditure of public money in providing for a part of the insane poor hitherto; and they add the opinion that a large share of this

extravagance in building is due to the superintendents of asylums.

In Massachusetts, where two of these palaces are now nearly completed, Mr. Sanborn, for eight years the secretary, or chairman of the Board of State Charities, has lately affirmed: "In a town almshouse of Essex County, within sight almost of the Danvers palace, I have seen, since the commissioners began to throw away money there, an insane woman, naked and helpless, sitting in a wooden box filled with straw, and, though kindly treated, yet lacking all those comforts and decencies which our asylums are supposed to furnish. Hundreds of the insane poor of Massachusetts are compelled to be kept in town almshouses and other unsuitable places, because official persons like these Danvers commissioners insist upon spending millions upon a palace for the few patients, rather than build comfortable asylums for the many."

It is worthy of notice, that the commissioners, in this case, charge the enormous outlay to the attempt to follow the requirements of the asylum superintendent who acted as adviser. He, in turn, shields himself behind the approving comments of fellow-members of the association, on the plans adopted.\*

I give a slip cut from a late paper which relates to Maryland. Dr. Charles W. Chancellor of Baltimore, after an official inspection of Maryland almshouses, says:—

\* That I may do no injustice to any one, let me quote from the report of the building commissioners of the above-mentioned asylum. They state, "that the location and the plans have received the unqualified approval of the leading physicians who have charge of similar institutions in this and other States." They call "the attention of the Legislature to the report of Dr. C. A. Walker, the medical adviser of the commissioners in matters relating to the construction of the hospital." This consulting superintendent, in his report to the commissioners, mentions that he has shown the structure and explained the plans, among others, to several superintendents of hospitals for the insane, and that, "without exception, they have expressed in strong terms their pleasure and approval." He then gives letters from different superintendents in support of his assertion. Thus Dr. Earle commends it "for its general adaptation to the purpose for which it is intended." Dr. Godding "regards the plan as one of the best he had ever seen." Dr. Eastman thinks it "most admirable in conception and thorough in construction." Dr. Ray regards it as a "happy medium between that cheap style of construction which is invariably followed by an annual outlay for repairs and improvements, and one rendered more costly by architectural graces, which, however pleasing to the eye, are needless for any practical purpose." Dr. Jelly thinks it "a model of simplicity and taste, with sufficient ornateness, *but with no extravagance*; I think that it could not be improved."



"It is painful to report the shocking condition in which many of the public institutions were found; and it is difficult to conceive that anything worse ever existed in a civilized country. There are now within the almshouses and jails of our State over five hundred insane and idiotic people, for whom there is no proper provision, and who are utterly cast down and neglected, half-fed, and ghastly in their wretchedness."

The cause of this "shocking condition" is the same in Maryland as everywhere else in the United States, and may be logically inferred from two propositions, laid down in a report read before the Medical Society of that State, by Dr. Conrad, superintendent of the Maryland Hospital for the Insane.

"That the present system of support and treatment of the indigent insane pursued in this country does not diminish the annual relative increase, but, on the contrary, serves to increase the number of chronic cases.

"That the present system of hospital management and support of the insane is expensive beyond the ability of the States to meet the demand."

Having spoken of the effect of extravagance in building upon the policy of management and upon the condition of the insane generally, we may turn our attention to the structures themselves, in relation to their design.

They are all built in accordance with the plan recommended by the association, more than twenty-five years ago,—a main central building with wings. Each story of each wing is a separate dwelling for a class of patients, by day and night. Each is a long, narrow, monotonous corridor, with sleeping-rooms on one or both sides, usually the latter; all alike except in the number of flights of stairs to reach them. All with heavily barred windows, to the last window, though these are being abandoned in the later British asylums; and though one of the most sagacious of American alienists, Dr. Bell, many years ago, exposed the folly of considering every insane person a "jail-breaker."

Restraint, jealous and irritating, is written on the doorposts of every institution. Everywhere the most expensive mode of meeting any desired end, whether in heating, ventilation, or water-supply. Everywhere sumptuous arrangements for the



accommodations of the officers. Let me cite an example or two in illustration of these points.

The new asylum at Columbus, Ohio, built under the planning and direction of a member of the association, to accommodate nine hundred patients, has eighty-five "strong-rooms" for the seclusion of patients. Each of these rooms has shutters of iron boiler-plate, with small perforations for the admission of light. The administrative building is princely in the size and arrangements of its apartments for the officers, and its appointments generally. In justice to Dr Gundry, the newly appointed superintendent, it should be added that he is responsible for neither of these features.

At the Danvers asylum, in Massachusetts, built for four hundred and fifty patients, owing to the inconsiderate selection of the site, the cost of grading this and making roads has been \$116,000; of drainage and water-supply and sewerage, \$106,000; of heating and ventilation, \$107,000; and yet, with a total outlay of \$1,600,000, there are combustible wooden stairways throughout the building.

At the Hudson River Hospital, at Poughkeepsie, the cost of water-supply for five hundred patients is said to have been \$150,000, and the mode of supply involves a large annual outlay for pumping, etc.; while the entire cost of the water-works for the neighboring city of Poughkeepsie, with a population of twenty thousand, and therefore a large distributing service, was but \$550,000.

At the asylum at Morristown, N. J., two millions and a half of dollars have been expended, when a million would have sufficed, and the patients none the worse for the retrenchment, either in hope of cure or comfort of living.\*

\* I notice in the report of the building commissioners of the asylum, that it took three members of the association to furnish the requisite professional counsel for so large an undertaking, and the financial folly exhibited is, as might be expected, proportionately multiplied. In the course of construction, it came to be feared that the wheels of legislation might drag, that were to provide the means for its completion. The members of two successive Legislatures were therefore invited to visit and partake of the hospitalities of the unfinished institution. The cost of these legislative junketings, as appears in the financial statement of the asylum, aggregated \$2,434.50, not including railroad fare. The wheels of legislation moved on! The suggestive name of one of these worldly-wise commissioners was "A. Reckless"; a name, it might be added, that would be appropriately generic in the case of the whole catalogue of kindred officials.

At the Buffalo asylum, they are about to tear down one of the main interior walls of the palatial administrative building, before occupation, because of some rooms that had no outlook to the open air.

At Worcester, Mass., where the construction account will be \$1,250,000, a new experiment was tried. The motive was a good one; namely, to break the tiresome uniformity of the customary long, narrow corridors, and so an elbow or break was made in it. The superintendent, who planned this modification, now, before occupying it, thinks it perhaps a mistake, because it prevents the attendant in charge from seeing more than half his ward. This, it will be observed, if an error of construction, is one that cannot be remedied.

But the common defect of all remains to be mentioned. Our new asylums have no workshops for the employment of patients. Lest I shall seem to lay too much stress upon this point, I quote from the same recent English writer from whom I have already borrowed freely; namely, the "Lancet" commissioner. Speaking of occupation, he says:—

"This is the fitting place to say that in my judgment the relative number employed is even more directly significant of the wisdom and address with which an asylum is conducted. It is impossible not to feel that nearly all insane persons, except those suffering from some physical complication which disables them, or who happen to be passing through a period of excitement, may be induced to work, provided only that the occupation offered is suitable. By no means adequate attention has been bestowed on this essential element of treatment. The number of trades followed in these institutions is too small, and the manner in which the work is carried on is too desultory."

Referring to points where our asylums differ from the recently constructed British asylums, I may mention that we have fewer associate dormitories; that we have no general dining-halls; no chapels outside the main building; no day-rooms entirely apart from the dormitories. There are few "convalescent houses," the stepping-stones to ultimate freedom.

In this general account of recently constructed American asylums for the insane, and the influences which have guided in their planning and erection, I have failed in my purpose if I have not shown that the cost of such buildings has much to do with the

question, whether the whole number of the insane in any community shall be properly cared for; and, further, if I have not left in the minds of my hearers an impression, that the American Association of Superintendents of Insane Asylums is, in the main, responsible for the general unfitness of these structures and their undue cost.

Not that all the individual members are thus responsible, for that would be unjust. Some of them have differed from their brethren in opinions and in action. And it may also be added, that most of the members of the association are well-meaning gentlemen, who were unconsciously of the ill-effects that might and did arise from their associated action. They have simply been led into an indorsement of measures suggested by a few of the more ambitious of their number, who held loose opinions as to the expenditure of public money, and who saw personal opportunities in large and costly asylums.

But a great evil cannot be remedied without tracing it to its source. I had therefore proposed, in the further study of the results of the American mode of management of a great social problem, to narrow the observation to what has been done in the State of New York, for the last fifteen years, in the attempt to carry out the policy of the association, some of the features of which have been referred to. But time would fail me, for the narrower the field of observation, the more glaring appear the blunders that have been committed, and the future difficulties to be overcome. I can, therefore, only give results.

The hand of the chief representative of the association in New York has been placed heavily upon the heads of its taxpayers.

During the period named, there have been expended, in this State, between four and five millions of dollars, in the erection of State, city, and county insane asylums; some of it wisely, and still a greater portion most unwisely. Under the latter head will be included three State asylums, that already represent an expenditure of more than three millions of dollars, designed for the accommodation of some 1,400 patients; and the end of their construction and of their cost is still remote. When these were projected, during the prevalence of extremely high prices for both material and labor, the estimate of their entire cost was \$1,800,000, while the ultimate expenditure will probably reach \$5,000,000.

It may possibly be supposed by some that this large outlay in construction, by increasing the means and appliances for convenient administration, may reduce the cost of management, and so, in the long run, prove a true economy. But experience shows that this is a mistaken notion. So, too, no thoroughness in original construction obviates the necessity for a certain percentage of annual repairs.

The history of the State asylum at Utica will illustrate both these points. Built at the outset of stone, in the most substantial manner, and though its annual reports in the past show a liberal expenditure for annual repairs, there is now demanded almost an entire renewal of its internal structure. About twenty years ago a steam-heating apparatus and forced ventilation were introduced. Again, some ten years ago, began a series of alterations and improvements, to assimilate it to the recently built asylums. During the since intervening period, very large sums have been expended for these purposes. The number of patients in 1867 was 610; in 1876, 615, or about the same. While the increase of the annual wages-account of the asylum, in the interval, has been 60 per cent.; and of salaries, 48 per cent. During the whole period, the market price of labor has been steadily and largely diminishing, and the trustees of the asylum have been annually extolling the marked financial ability of their chief administrative officer.

Fortunately for the State, at the same time, the Willard Asylum has been in process of construction. This now furnishes excellent accommodations for about 1,400 chronic insane, at a cost of about a million of dollars. But it should be noted, that this has been done in the face of the loud protest of the American Association of Superintendents, and gives occasion for annually recurring and doleful comments, in the reports of the Utica asylum, prompted by one of their number.

Next, of the condition of the insane in the State of New York.

There were in December, 1876, more than 7,000 insane persons known to the State authorities. Of these, 482 were in private asylums, supported by friends; 844 were in expensive State asylums, at a weekly cost of between six and seven dollars, two-thirds of whom are supported at the public charge; 1,170, taken from the county poorhouses, were in the State asylum for chronic

insane, where the weekly expense is about \$3; 2,840 were in asylums provided by the cities of New York and Brooklyn, at a weekly cost of \$1.80; the remaining 1,761 were in county asylums and the insane wards of county poorhouses, with even a lower weekly rate of expense. Here, it will be seen, is a very great inequality in the form and extent of the public provision for the cure and welfare of the same class, dependent upon the public bounty. A difference that depends, not so much upon any disparity of condition, as upon the accident of residence within districts or municipalities where different ideas and methods in the management of the insane prevail; a difference that hinges upon the cost of buildings and maintenance.

Leaving out the four hundred and eighty-two who were supported by friends, the remainder were, for the most part, of similar social condition prior to the occurrence of their malady. Even in the case of the inmates of the large asylum in the city of New York, the superintendent remarks in his last report, "that eighty-two per cent. had never been a public burden previous to the accession of their insanity. . . . On the contrary, many of these patients belong to the most industrious and productive classes of our citizens, and not a few of them had formerly lived in affluence."

And yet we find that the city of New York declines to avail itself of what might be supposed to be the superior advantages of the State asylums. The city of Brooklyn does the same.

The cities of New York and Brooklyn pay considerably more than one-half the entire cost of the several State institutions for the insane; they are taxed annually, in the same proportion, to pay the salaries of the officers of these asylums, and their annual repairs, and yet they refuse to share in the benefits they are supposed to afford to all the insane in the State. The reason assigned by the authorities of these cities is the excessive cost of maintenance in these expensive buildings. In other words, they decline to send patients to State asylums at a weekly cost of five or six dollars, when they can support them in city asylums for less than half the amount.

For similar reasons, other counties in the State are now erecting county insane asylums, or enlarging the insane wards of their poorhouses, with the intent of treating recent as well as chronic cases. It is quite possible, that when these costly State



asylums are completed, there may be a lack of patients to fill them.

It will be seen that the attempt to provide for all the insane under uniform conditions, in well-organized State institutions, has proved a failure wherever there has been an extravagant outlay in building. The opinion of Dr. Reynolds of Iowa, already quoted, is evidently a sound one, and of general application, "That until hospitals are built at a less cost per capita than one thousand dollars, it is useless to talk of providing for all of the insane of any State."

Again, the large size of these modern hospitals has operated to the injury of many submitted to their charge for treatment. To give the best opportunity for cure, the insane need individual treatment at experienced hands. But when a certain limit is passed, in point of numbers, this they cannot have; class treatment becomes a necessity. The superintending medical officer, on whose medical knowledge and skill the hopes of the patients are supposed to rest, becomes a mere administrative officer of the affairs of the institution. The patients are turned over to assistants, some of whom are often mere boys in medical knowledge. Under a class treatment, by inexperienced hands, patients, who might have been restored, by proper attention at the right time, are allowed to pass over into chronic and lifelong insanity.

It is no wonder, then, that the ratio of recoveries in our asylums seems to be a diminishing one.

Is it not, then, a question of deep import to the people of the State of New York,—in fact, for the people of the whole country,—as to how we shall build to meet the wants of the insane as a class, and including all? In this asylum-ridden country, is it not time to take a new departure in this matter?

I rejoice to say that better views are beginning to prevail. The attention of legislators has been forced to the subject. It is safe to add, that no more palaces will be undertaken in the name and for the offices of charity. For those already partially completed, it only remains, as the part of political wisdom, to commit—as has lately been done in Massachusetts—the completion of the work to more capable and careful hands.





